

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JUL 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

for LOBBYISTS (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyis	_{t(s)} Katherine Lawı	rence		
II. Name of lobbyist's partnership, firm or corporation, if any: N/A				
Business Address: (3	Street)	(Town/City)	(State)	(Zip Code)
`	•	-	` '	(P)
(Telephone)	((Fax)	e-mail	
reportable expense	transactions which are i	not attributable to	s for each client, OR you may any one client). The reporting date relative to the	
ACT, Inc.				
OP	(Full Name of Client as	it appears on the Lob	byist Registration Form)	
OR ☐ All reportable transumelated to any part		including the lobb	yist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: act	April 26, 2017 ivity from date of registration to 3/31/17		July 26, 2017 M activity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to 9/30/17		January 31, 2018	
	l, complete just this form a		transactions made since the Secretary of State's Office, St	
VI. Check if additio	onal reports are attached	l:		
☐ If you have recei	ived fees or made expend	itures, you must fil	e Addendum A- Fees and Ex	penses
☐ If you have paid Expense Reimbursen		rsed expenses, you	must file Addendum B- Rep	ort of Honorariums or
☐ If you, your firm	n, or your family has made	political contribu	tions, you must file Addendum	n C- Political Contribution
I have read RSA 15,	best of my knowledge and M. Lau C	l belief.	reby swear or affirm that the fo	
Katherine Lav				
(Print Name of lobb	yıst)			